anty of Strict of	BUREAU OF V	NA STATE E TTAL STATISTICS TIFICATE OF BIR	151 State Inc	dex No.
or ity of	(No.		Local Registr	ar's NoWard) Born YES
Tw	in Number	r Legitica		Alive \ -NO
	plet and in order of birth	E 201	MOTHER Les Har	(Day) (Yr.)
olor Race A - A	Age at last Birthday (Veers)	Residence GC Color or Race	Ife Ari Age at land Birthday	y 19 (Years)
rthplace Mange	Oklahong	Birthplace Occupation	Mu	ssissiff
ber of child of this mather	Number of Children, of this mother, now living		taken against Ophthalmia neona	torum? Jez
ereby certify that I atte	RTIFICATE OF ATTENDINg ended the birth of the above ch		/1/m/m/0	91 7 , at 10 0 M.
When there is no att ian or midwife, then the hould make this return	ending physi- e householder	(Signature) (Attendin	g physician midwife	householder.)
Diven or Christian name	1 .	Address	POCAL	EGISTRAR.
3257028 COUNTY R	EGISTRAR. Filed WO	V 6191	COUNTY F	EGISTRAR.

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